



FEE-FOR-SERVICE SCHOOL BASED SERVICES BILLING TIPS AND FREQUENTLY ASKED QUESTIONS



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BILLING TIPS:

1. **Early On services are billable** to Medicaid if the service is billed through the enrolled ISD and is a covered Medicaid School Based Service per Michigan Department of Community Health (MDCH) policy.
2. Charter schools may bill for Medicaid School Based Services if the charter school (PSA) is billing under an enrolled ISD.
3. School Based Services covers children age 0 through their 25th year.
4. When doing claim adjustments (replacements), make sure that you adjust the invoice as a whole and not just the individual line. All lines that were on the original invoice should be on the adjusted claim as well.
5. If a CMH provider is providing "Medicaid School Based Services" for Medicaid eligible children, those services need to be billed under the ISD as School Based Services. Services are not to be billed under the Mental Health capitated payment.
6. Do **not bill** for services under School Based Services **if**:
 - the service or the quantity is **not documented in the IEP/IFSP**
 - the service has an educational goal (i.e., handwriting, increasing attention span, enhancing vocabulary, improving sentence structure, reading, identifying numbers, letters and/or colors, dressing (fasteners), cutting)
 - the child is not Medicaid eligible
 - the service is not medically necessary
 - the provider is not a qualified provider as specified in MDCH policy
 - the services are for dental procedures



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QUESTIONS:

Q: *When the schools bill Medicaid for services, does this decrease the lifetime maximum allowed for that individual student or decrease benefits to the family in any way?*

A: Medicaid does not place a dollar cap on the amount expended for medical services.

IDEA/IEP/IFSP:

Q: *How do I bill for the HT, TM and no modifier codes?*

A: Modifiers are to be billed as follows:

- Use the **HT** modifier when doing the initial assessment, the 3-year renewal or when the student is re-entering Special Education. This code is a formal evaluation and is inclusive of all evaluations, assessments, tests, reports and all other IDEA related activities.
- Use the **TM** modifier when billing for the multidisciplinary team assessments to develop, review and revise the IEP or IFSP. The IEP is reviewed annually. If an evaluation during the year results in an IEP being rewritten, the TM modifier is to be billed. Do not bill the procedure code with no modifier and the TM modifier on the same date of service.
- Use **no modifier** when billing for an evaluation done during the year but not related to the IEP/IFSP.

(SECTION 2.1 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 8)

Q: *We understand that our clinicians may not bill for more than the IEP stated frequencies. However, quite often, IEPs will call for services to be provided a minimum of times. For example, an IEP might state that speech therapy will be provided a minimum of two times per month for 20 minutes each. If the Speech Therapist provides more than the minimum, let's say four therapies in a month, may that therapist bill for the four therapies, or may he/she bill for only the two?*

A: The clinicians need to be informed that the IEP is a treatment plan and as such should be specific as far as quantity. If you were to bill more than two times per week, as in this instance you could be at risk for audit.

(SECTION 1.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5)

Q: *Would we use the HT or the TM modifier to bill for an evaluation for the purpose of decertification?*

A: You would use the TM modifier as the HT modifier is to be used for the original evaluation, assessment and test for determination of eligibility for Special Education and for the re-determination.

(SECTION 2.1 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 8)

Q: *Are staff required to record start and end times for both 96111 HT and 96111 TM?*

A: Yes. This is a per hour report and as such would require a start and end time.

**(SECTION 2.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 19.
ALSO SECTION 1.9, PAGE 6)**



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Q: *Can the physician sign the IEP and have it count as an order?*

A: No. The IEP is a treatment plan and is not a physician's order, although it is required that it be signed, titled and dated.

(SECTION 1.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5)

Q: *How specific must the IEP be?*

A: It is up to the professional judgment of the clinician and what the physician orders.

(SECTION 1.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5)

Q: *Does Medicaid pay for Manifestation Reviews?*

A: No. A Manifestation Review is the process of determining if a child's behavior, that has violated any rule or code of conduct, is the result of emotional problems or a manifestation of their disability. The primary goal of this review has been determined to be educational.

(34 CFR 300.523)

Q: *May staff bill for attending the IEP if they did not do an evaluation?*

A: No.

(SECTION 1.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5)

OCCUPATIONAL THERAPY:

Note: Per CMS, Occupational and Physical Therapy services can be billed for no more than one hour per day (4 – 15-minute units). Speech Therapy can be billed once per day (1 encounter per day).

Q: *Are therapies (i.e., self-feeding, cutting, writing; visual perception tasks such as design replication with pencils, mazes, pegs, or blocks; oral motor control to decrease saliva flow, to chew or swallow) covered under Medicaid?*

A: Medicaid does not cover therapies to simply make sure that an individual can do an activity of daily living such as dressing, handwriting, etc. Medicaid covers therapy when function decreases secondary to an underlying medical pathology that results in a beneficiary's inability to perform an ADL function and requires therapy to correct the pathological dysfunction or provide compensatory techniques, thus requiring the skills of an Occupational Therapist. Simply performing an ADL function does not require the skills of a therapist. Thus, practicing handwriting does not require the skills of a clinical therapist. Providing compensatory techniques so that the beneficiary could practice or perform writing would be covered.

(SECTION 2.2 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGES 9 & 10)



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Q: *Is there a potential problem if a child receives services from two providers with some overlap in the times spent with the child? For example, an Occupational Therapist sees a student from 9:30-10:00, and a Speech Therapist works together with the OT for the last 10 minutes of that session, followed by 20 minutes of one-on-one time.*

A: Medicaid has never covered two different therapies provided at the same time. The procedure code description specifies the only service that can be billed for either an individual or a group.

(SECTION 1.7 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5, 7TH BULLET)

PHYSICAL THERAPY:

Q: *In recording the duration of a therapy session with a student, is the time spent documenting the service included?*

A: No. Service time includes direct treatment time only.

SPEECH, LANGUAGE AND HEARING THERAPY:

Q: *Is a physician's order required for Speech Therapy?*

A: A physician's order is required for Occupational Therapy and Physical Therapy. A physician's referral is required for Speech Therapy. Orders and referrals must be done per child. A group referral is not allowed. Referrals/orders are required at least annually. If the referral/order is retroactive, the beginning date of retroactivity starts the 12-month clock.

(SECTION 2.4 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 12)

Q: *Can we bill for more than one Speech Therapy per day? For instance, some schools may have clinicians that provide these therapies at multiple times per day.*

A: Per CMS, Speech Therapy is reimbursable 1 encounter per day.

Q: *Per CMS, speech referrals are for a specified time period not to exceed 1 year. MDCH policy states that the referrals can be applied up to 90 days retroactively. Are these policies in conflict or can a speech referral cover up to a 15-month period?*

A: If a retroactive start date were used, then the 12-month clock would start on the first date of the retroactivity. For instance, if today is 2/1/04 and the referral is retroactive to 1/1/04 then the 12-month clock would start 1/1/04 and end 1/1/05.

(SECTION 1.4 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 3)

ASSISTIVE TECHNOLOGY DEVICES:

Q: *Which Assistive Technology CPT code should be used when staff (OT's and PT's) have to make adjustments to equipment such as wheelchairs, seating and standing devices?*

A: Durable medical equipment repairs are not listed in Section 2.5 of the ATD Services Section of the Provider Manual. You gave the example of wheelchair "brakes failed." MDCH assumes that you are not making repairs that are the responsibility of the durable medical equipment providers. There are issues such as equipment under warranty, and your own liability for that type of repair, that should be considered. Medicaid covered ATD services for equipment other than prosthetics and orthotics should be billed using procedure code 97535.

(SECTION 2.5 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 14)



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Q: *Is there any way to add Teacher Consultants to the list of qualified staff to provide ATD services?*

A: No. Medicaid only reimburses for ATDs as a part of a specific therapy (i.e., physical therapy, occupational therapy, speech and audiology).

(SECTION 2.5 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 15)

PSYCHOLOGICAL, COUNSELING AND SOCIAL WORK SERVICES:

Q: *A student has no other medical services ordered on the IEP, but a physician has ordered the home services which are provided by a special education classroom teacher. Can this teacher bill Medicaid?*

A: No. Special Education teacher services provided to homebound students are not covered.

(SECTION 2.6 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 16)

Q: *Are written referrals/scripts required for ALL medical services (OT, PT, speech, social work, psychology and counseling)?*

A: No. Social work, psychology and counseling services do not require a physician referral/order.

(SECTION 1.4 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 3)

Q: *What is the difference between Behavioral Health Counseling and Therapy as opposed to Mental Health Assessment?*

A: A mental health assessment can be described as a professional, clinical evaluation of the student's overall mental health functioning. Therapy/counseling services are the professional services provided as part of a written treatment plan.

Q: *Can both a Psychologist and a Social Worker bill H0031?*

A: No. Medicaid will only reimburse one person for the Mental Health Assessment (H0031).

DEVELOPMENTAL TESTING:

Q: *For testing that begins on one day and ends on another day, how do you bill?*

A: The begin date and end date for the testing should be documented in the student's school clinical record. Medicaid will only reimburse for a quantity of one for both Developmental Testing codes (96110 and 96111). In most cases, the lengthy testing would take place during the initial assessment for Special Education. This has been factored into the fee screen set for the HT modifier.

(SECTION 1.9 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 6)

NURSING:

Q: *What is the relationship between the Physician's Order and the Nursing Plan of Care?*

A: Medicaid requires a Physician's Order as a standard for medical necessity (page 2 of the consultation summary). The Nursing Plan of Care would be a refined plan of care for the nurse's direct services/interventions.

(SECTION 1.4 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 3)



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Q: *Can nurses bill for Crisis Intervention?*

A: No. Crisis Intervention services are covered under Medicaid as a psychological service provided by a qualified mental health professional.

(SECTION 2.6 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 18)

Q: *If we are asked to observe a student who is on medication by a physician or the school staff to see if the level of medication is correct, how do we bill this? Is this billable?*

A: No. According to Medicaid Policy, under Covered Services for School Based Services, "Services considered observation or stand-by in nature are not covered."

(SECTION 2.8 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 19)

Q: *Can LPNs log (bill for) Staff Case Management Services?*

A: In order to bill for Staff Case Management, the staff must be qualified to participate in the IDEA assessment. LPNs are not allowed to bill Medicaid for evaluations or assessments; therefore, they cannot participate in the IDEA assessment.

(SECTION 2.8 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 20)

Q: *In the manual, RN services are listed as "up to 15 minutes." Does a nursing service need to be a minimum of 15 minutes to be reimbursable?*

A: HCPCS procedure codes T1001 through T1003 have in the description "up to 15 minutes." Using as a reference the Medicare guidelines, as published in the CMS Outpatient Rehabilitation Provider Training Manual, Sept. 2001, the minutes are reimbursable as follows:

<u>Units</u>	<u>Minutes</u>
1	1 minute to < 23 minutes
2	23 minutes to < 38 minutes
3	38 minutes to < 53 minutes
4	53 minutes to < 68 minutes
5	68 minutes to < 83 minutes
6	83 minutes to < 98 minutes
7	98 minutes to < 113 minutes
8	113 minutes to < 128 minutes

Note: If the HCPCS code states "per 15 minutes" (i.e., T1017), then the service must be provided for a full 15 minutes to bill 1 unit, and 30 minutes to bill 2 units.

(SECTION 9.1 OF THE BILLING AND REIMBURSEMENT FOR INSTITUTIONAL PROVIDERS CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 50)

PHYSICIAN AND PSYCHIATRIST SERVICES:

Q: *Are consultations covered by Medicaid?*

A: Consultations are an integral part or an extension of providing a direct medical service and are not separately reimbursable by Medicaid.

(SECTION 1.6 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 5)



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Q: *Are rubber-stamped signatures for referrals or prescriptions by physicians for SBS acceptable by Medicaid?*

A: No.

TARGETED CASE MANAGEMENT SERVICES:

Q: *Why isn't the modifier for the IDEA Assessment (HT) listed as a valid code for the Designated Case Manager to bill?*

A: Case managers are not qualified to perform professional assessments, evaluations or tests for the IDEA.

(SECTION 2.10 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 21)

Q: *Do Special Education Teachers with temporary approvals or emergency approvals from the State qualify to be designated case managers for Medicaid billing purposes?*

Also, "Has a minimum of three years personal experience in the direct care of an individual with special needs." Does this mean direct care of a special needs child of their own, or a sibling, or has worked in a group home, etc., or does it mean if they have been teaching a special ed classroom for three years, they qualify?

A: The criteria stated in the manual does apply to this situation. The course work credits "equivalent to that required for a major in a specific special ed area" would be the applicable criteria for a person who is working on his/her special ed certification. The provisions for granting temporary special ed teacher status are stated in the Administrative Rules for Special Education, effective 6-02. Specifically, Rule 83 lists the intent and gives MDE the authority to implement specific procedures to this end. Teaching a special ed classroom for 3 years would not equate to 3 years personal experience in the "direct care" of an individual with special needs.

(SECTION 2.10 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 22)

Q: *In one of our buildings, one teacher works in the morning and another in the afternoon. Both serve the same students and provide targeted case management. If we put the students on both caseloads, we could be billing for targeted case management twice per month for the same student(s). If we let only one teacher bill, we may be missing out on the services provided by the other teacher, especially if the first teacher did not provide case management in a particular month. How do we handle this?*

A: It is our understanding that there is one Designated Case Manager identified in the IEP/IFSP who is responsible for implementation of the IEP/IFSP. That person performs all the designated case manager activities that are billed using the monthly code.

(SECTION 2.10 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 21)

VISION, ORIENTATION AND MOBILITY TRAINING:

Q: *Is teaching Braille a billable service?*

A: No. This is not a Medicaid covered service.

(SECTION 2.11 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 23)



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SPECIAL EDUCATION TRANSPORTATION:

***Q:** Do the schools need to document Special Education Transportation services that are billed to Medicaid?*

A: Yes. Per CMS guidance issued in 1997, "...the requirements for documentation of each service must be maintained for purposes of an audit trail. This usually takes the form of a trip log maintained by the provider of the specialized transportation service."

(SECTION 2.12 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 24)

***Q:** A Special Ed child with a wheelchair rides a specially adapted bus with a wheelchair lift. However, the ISD also has some regular education children riding the same bus. We know that the ISDs cannot bill Medicaid for Special Education Transportation in a regular or general education vehicle. But what about this situation where a Special Education bus may also at times have general education children on it?*

A: MDCH has confirmed that the situation described does permit payment for the Transportation services.

(SECTION 2.12 OF THE SCHOOL BASED SERVICES CHAPTER OF THE ON-LINE PROVIDER MANUAL, PAGE 24)